Dr. Bacon

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

11502

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown 03
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, 03
STREET ADDRESS (If rural give location): 440 George St.

3. NAME OF DECEASED: (First) Larry (Middle) (Last) Baker
4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Nov. 11, 1953
9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 2 — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Warren D. Baker
14. MOTHER'S MAIDEN NAME: Ester Snyder
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Warren D. Baker

18. MEDICAL CERTIFICATION — 440 George St.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
764.5 Immediate cause	(a) Intracranial Hemorrhage	2 1/2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Anoxia	2 1/2 days
	DUE TO (c) Premature Separation of Placenta	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/11/, 1953, to 11/13/, 1953, that I last saw the deceased alive on 11/12/, 1953, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): A. M. Bacon Jr. M.D. — ADDRESS: 318 N. Potomac Hagerstown — DATE SIGNED: Nov. 14

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-14-1953 — NAME OF CEMETERY OR CREMATORY: Bellevue Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 14. 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: A. K. Coffman, Hagerstown, Md.

VS. 20X3234403

RECEIVED
NOV 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11503

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 | LENGTH OF STAY (in this place) One Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Castello Hotel X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural, give location) 45 South Potomac St.

3. NAME OF DECEASED (Type or Print) (First) George (Middle) David (Last) Bartgis
4. DATE OF DEATH (Month) 11 (Day) 15 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr. 1, 1908
9. AGE last birthday 45 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Caretaker
10b. KIND OF BUSINESS OR INDUSTRY General Labor
11. BIRTHPLACE (State or foreign country) Creagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George W. Bartgis
14. MOTHER'S MAIDEN NAME Martha A. Schildt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 216-22-8843
17. INFORMANT AND ADDRESS Sister - Mrs. Lelia Carl - 370 Va. Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

4210.0 Immediate cause (a) Coronary Disease — 6 wk

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic Heart

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. E. W. Dutton (Degree or title) City Sec. Mus. Exa. ADDRESS Hagerstown Md DATE SIGNED 11/16/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Nov 18, 1953 | NAME OF CEMETERY OR CREMATORY Mt Hope cemetery | LOCATION (City, town, or county) Woodsboro (State) Md.

DATE REC'D BY LOCAL REG. Nov. 16. 1953 | REGISTRAR'S SIGNATURE Chas. H. Howers

24. FUNERAL DIRECTOR Fred W. Kraus ADDRESS Hagerstown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V 15A

RECEIVED
NOV 18 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11504

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 15 Fairground Ave.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Anna (Last) Bay

4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 22, 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): New York N. Y. 29
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Jeffers
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: — —
17. INFORMANT & ADDRESS: Mrs. Ernest Martin Hag. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary Occlusion — Interval Between Onset And Death: 1/4 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio sclerotic Cardio Vascular Disease — 15 yrs +

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 0 NM
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NM
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1946, to 3 Nov, 1953, that I last saw the deceased alive on 2 Nov 53, 19..., and that death occurred at 10.05 AM from the causes and on the date stated above.

SIGNATURE F F Lusby MD. (Degree or title) 2301 Potomac St ADDRESS Hagerstown Md DATE SIGNED 3 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 5, 1953
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Shippensburg Pa.

DATE REC'D BY LOCAL REGISTRAR Nov 4 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M I T

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NOV 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11505

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03

LENGTH OF STAY (in this place) 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland — COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03

STREET ADDRESS (If rural give location) 309 Fridinger Avenue

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Alexander (Last) Beck

4. DATE OF DEATH: (Month) Nov. (Day) 5 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	10-1-1868	85 yrs.	1	4		

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Stonecutter	Sheeley's Gettys	Pa. McKinghtstown, Pa. 35	U.S.A.

13. FATHER'S NAME: Joseph Beck

14. MOTHER'S MAIDEN NAME: Anna Lauver

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	NONE	Mrs. Elmer E. Long, Boonsboro, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
450.0 Immediate cause	(a) B. ronchopneumonia	10 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Uremia - Pyelonephritis	6 mo.
	(c) DUE TO Generalized Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1 ,1953, to 11-5 , 1953, that I last saw the deceased alive on 11-4-1953, and that death occurred at 10:25 A.M. from the causes and on the date stated above.

SIGNATURE J. G. Warden, (Degree or title) M. D. — ADDRESS 852 Potomac — DATE SIGNED 11-6-53

J. G. Warden M.D. Hagerstown, Md.

23. BURIAL, CREMATION, REMOVAL: (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-9-1953	Flohrs Cemetery	McKinghtstown, Pa.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 9 1953	Edward Bowers	C. M. Suter & Sons,	Hagerstown, Maryland

RECEIVED
NOV 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11506

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians, please write the causes of death clearly and legibly.

VS 45

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 140 W. Antietam St.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) William (Last) Bittinger, Jr.

4. DATE OF DEATH: (Month) 11 (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 9, 1917

9. AGE last birthday: 36 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Fairchild aircraft

11. BIRTHPLACE (State or foreign country): Chambersburg Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles W. Bittinger, Sr.

14. MOTHER'S MAIDEN NAME: Edna Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): W.W. # 2

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Chas. W. Bittinger Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

541.0 Immediate cause (a) Cardiac anoxia, Circulatory collapse — 48 Hrs.

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Peritonitis, localized; Lobar pneumonia — 5 Days

(c) Surgical operation for chronic duodenal ulcer — 8 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. on 11/5/53. Wound dehiscence

19a. DATE OF OPERATION: 11/5/53

19b. MAJOR FINDINGS OF OPERATION: Chronic duodenal ulcer, Posterior, Penetrating pancreas

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/2, 1953, to 11/14, 1953, that I last saw the deceased alive on 11/14, 1953 and that death occurred at 12:05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Amar D. Sprecher, Jr. M.D. 314 N. Potomac St. Hagerstown, Md. 11/14/53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11-17-1953 — NAME OF CEMETERY OR CREMATORY: Lincoln Cem. — LOCATION (City, town, or county) (State): Chambersburg, Pa.

DATE REC'D BY LOCAL REG.: Nov. 14. 1953 — REGISTRAR'S SIGNATURE: Chas. H. Hoover

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons. Hagerstown, Md

RECEIVED
NOV 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11507

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Enroute to hospital X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural, give location) Hagerstown RT.# [redacted]

3. NAME OF DECEASED (Type or Print) (First) Earl (Middle) David (Last) Burkholder
4. DATE OF DEATH (Month) Nov. (Day) 20 (Year) 53 19

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Aug. 14, 1933
9. AGE last birthday 20 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (State or foreign country) Paramount, Maryland
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Edgar Burkholder
14. MOTHER'S MAIDEN NAME Hannah Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Edgar Burkholder Hag. Rt. #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	
330 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) acute cerebral hemorrhage (due to probable cerebral aneurysm) rupture	12hrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mills M.D. (Degree or title) ADDRESS DATE SIGNED 11.21.53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 23, 1953
NAME OF CEMETERY OR CREMATORY Millers Mennonite
LOCATION (City, town, or county) (State) near Leitersburg, Md.

DATE REC'D BY LOCAL REG. Nov. 22, 1953
REGISTRAR'S SIGNATURE [illegible] Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

15A

428

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11508

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown Md.
LENGTH OF STAY (in this place) 45 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland
STREET ADDRESS (If rural give location) 25 Marman Av.

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Louise (Last) Burns

4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept 18 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Williamsport, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Pappas

14. MOTHER'S MAIDEN NAME: Florence Clark

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Warren Burns 146 W Bethel St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Pulmonary Edema — Interval Between Onset And Death: 2 hours.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Congestive Heart Failure — 6 mos.

DUE TO

(c) Arteriolar Nephrosclerosis — 2 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ ~~Not While~~ At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1953, to Nov 15, 1953, that I last saw the deceased alive on Nov 15, 1953, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] MD Hagerstown 11/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-19-1953

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REGISTRAR 11.19.1953

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR John R Watson Jr ADDRESS Hagerstown Md.

VS.

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NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Hirshman 11509

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 4 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 1023 Pope Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
MINNIE	SOPHIA	CHURCHEY	Nov 2 1953 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	Nov 24 1882	70 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Wolfesville Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Simeon Blickenstaff	Sarah Betts

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	None	Noah W. Churchey

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
002X Immediate cause	(a) Chronic Pulmonary Tuberculosis.	8 mo.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Emphysema Tuberculosis	1 mo.
	DUE TO (c) Diabetes mellitus -	4 years.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug 17, 1953 to Nov 2, 1953, that I last saw the deceased alive on Nov 2, 1953, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] MD — ADDRESS: Hagerstown Md — DATE SIGNED: 11/3/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/5/53	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV 5 1953	Chas H Bowers	Andrew K. Coffman	Hagerstown Md.

VS. 1-T

RECEIVED
NOV 2 1 3.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11510

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 18½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1306 Oak Hill Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 1306 Oak Hill Ave.

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Abraham (Last) Crawford
4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 13, 1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Salesman
10b. KIND OF BUSINESS OR INDUSTRY: shoe store
11. BIRTHPLACE (State or foreign country): Loysville, Pa.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jessie Crawford
14. MOTHER'S MAIDEN NAME: Anna Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-32-5554
17. INFORMANT & ADDRESS: Mrs. Charlotte Crawford Hag. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Acute coronary occlusion — Interval Between Onset And Death: 8 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease (previous coronary occlusion) — 8 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-9, 1953, to 11-17, 1953, that I last saw the deceased alive on 11-17, 1953, and that death occurred at 7 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) John S. Hambaker MD
ADDRESS 154 W. Washington St. Hagerstown Md
DATE SIGNED 11/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 20, 1953
NAME OF CEMETERY OR CREMATORY East Lawn Cemetery
LOCATION (City, town, or county) Tyrone, Pa.

DATE REC'D BY LOCAL REGISTRAR Nov. 19, 1953
REGISTRAR'S SIGNATURE Chas. H. Towers

24. FUNERAL DIRECTOR Scott F. Minnich & Son. ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

Received
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11511

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 13 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle
STREET ADDRESS (If rural, give location) 3 Linden Ave

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Elsie (Last) Crist

4. DATE OF DEATH: (Month) Nov (Day) 28 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify):

8. DATE OF BIRTH: July 22, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Green Village, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Gardner

14. MOTHER'S MAIDEN NAME: Francenia Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Margaret Sollenberger Greencastle, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442X

Immediate cause (a) Acute Cardiac dilitation — Interval Between Onset and Death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Arteriosclerotic Cardio-Vascular-renal disease — 20 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1953, to Nov 28, 1953, that I last saw the deceased alive on Nov 27, 1953, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

SIGNATURE M. Brewster M.D. (DEGREE OR TITLE) ADDRESS Greencastle, Pa. DATE SIGNED 11/29/53

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF 12/1/53 NAME OF CEMETERY OR CREMATORY Cedar Hill LOCATION (City, town, or county) Greencastle (State) Pa.

DATE REC'D BY LOCAL REGISTRAR Nov. 29. 1953 REGISTRAR'S SIGNATURE Chas. H. Rogers

24. FUNERAL DIRECTOR A. E. Minnich ADDRESS Greencastle Pa.

VS-15 8-51

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11512

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mapleville X. Rural
LENGTH OF STAY (in this place) 8 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.2 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mapleville - Rural X
STREET ADDRESS (If rural give location) Boonsboro Md. R.2.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Hubert (Last) Detrow.
4. DATE OF DEATH: (Month) November (Day) 21. (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.
8. DATE OF BIRTH: July 26. 1877
9. AGE last birthday: 76-3-25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer.
10b. KIND OF BUSINESS OR INDUSTRY: Retired (Own Farm)
11. BIRTHPLACE (State or foreign country): Beaver Creek Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John L. Detrow
14. MOTHER'S MAIDEN NAME: Catherine Hoffman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None.
17. INFORMANT & ADDRESS: Mrs. Laura G. Detrow Boonsboro Md. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinomatosis — Interval Between Onset And Death: 3 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Carcinoma of Stomach — 9 mos

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 20, 1953, to Nov 21, 1953 that I last saw the deceased alive on 11/21/53 19 ....., and that death occurred at 8 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) F. A. Bohley Md
ADDRESS Smithsburg
DATE SIGNED 11/22/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial.
DATE THEREOF Nov. 24. 1953
NAME OF CEMETERY OR CREMATORY Beaver Creek Cemetery
LOCATION (City, town, or county) Beaver Creek Wash. Co. Md (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 23, 1953
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. F. Bast & Sons
ADDRESS Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1513

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 3
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 134 S. Mulberry St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor Ol X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) H. (Last) DOTTERER
4. DATE OF DEATH: (Month) Nov. (Day) 13 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: 11/13/1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: Samuel M. Hoff
14. MOTHER'S MAIDEN NAME: Maria Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: non
17. INFORMANT & ADDRESS: Carl Coffman, Hagerstown, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 3 weeks
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive Cardiovascular Disease — Years.
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to 13 Nov., 1953, that I last saw the deceased alive on 11 Nov., 1953, and that death occurred at 10:15 P.M., from the causes and on the date stated above.
SIGNATURE J. Dunton (Degree or title) MD ADDRESS Hagerstown, Md. DATE SIGNED 11/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/16/53
NAME OF CEMETERY OR CREMATORY Pipe Creek Cem.
LOCATION (City, town, or county) Emmanuel Rural (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov. 14, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR D. D. Hartzler & Sons ADDRESS New Windsor, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

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1913
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Clear Spring~~ Hagerstown
LENGTH OF STAY (In this place) 35 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clear Spring, Maryland X
STREET ADDRESS (If rural give location) Main St.

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Bishop (Last) Drury
4. DATE OF DEATH: (Month) November (Day) 17 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 14, 1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months 9 Days 2 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Franklin Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Martin Luther Drury 220-26-0492
14. MOTHER'S MAIDEN NAME: Ella May Britton Drury
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT & ADDRESS: Mrs Laura H. Blair

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Rupture of Dissecting aneurysm of the arch of aorta	5 minutes
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Dissecting aneurysm of the aorta	unknown
	DUE TO (c) Hypertensive heart disease	unknown

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic pyelonephritis with bilateral hydronephrosis — unknown

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 02 1953, to Nov. 17, 1953, that I last saw the deceased alive on Nov. 17, 1953, and that death occurred at 9:05 PM., from the causes and on the date stated above.
SIGNATURE Arthur Robert Cohen (Degree or title) M. D. ADDRESS Clear Spring, Maryland DATE SIGNED November 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF NOV. 21 1953 NAME OF CEMETERY OR CREMATORY UNION CEMETERY LOCATION (City, town, or county) BLAIRS VALLEY (State) MD.
DATE REC'D BY LOCAL REGISTRAR Nov. 24, 1953 REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADRIAN H. ROWLAND ADDRESS CLEAR SPRING, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11515

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Hagerstown
STREET ADDRESS (If rural give location) R.D. # 2

3. NAME OF DECEASED: (Type or Print) (First) KERRY (Middle) DEAN (Last) FRITZ

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: June 28, 1937
9. AGE last birthday: 16 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Theodore Fritz
14. MOTHER'S MAIDEN NAME: Jeannette Mummah

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Theodore Fritz, RD # 2, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Chronic Glomerulo-Nephritis c̄ Uremia

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-22, 1953, to 11-2, 1953, that I last saw the deceased alive on 11-2, 1953, and that death occurred at 6:40 p.m. from the causes and on the date stated above.

SIGNATURE Salton M. Welty (Degree or title) M. D. ADDRESS Hagerstown, Md. DATE SIGNED 11-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/5.1953
NAME OF CEMETERY OR CREMATORY Green Hill Cemetery
LOCATION (City, town, or county) Waynesboro, (State) Penna.
DATE REC'D BY LOCAL REGISTRAR Nov. 3, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR S. Marlin Boe, ADDRESS Waynesboro, Penna.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

RECEIVED
NOV 5 1953
BUREAU V. S.

Film#G159 Item# 9 11/27/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

1516

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HAGERSTOWN
LENGTH OF STAY (In place) TWO HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Edward L. Carr Farm - R#2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 643 NORTH MULBERRY
STREET ADDRESS (If rural, give location) HAGERSTOWN, MARYLAND

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) HENRY (Last) GOLD JR.
4. DATE OF DEATH (Month) NOV. (Day) 19 (Year) 53 19

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH DEC. 5, 1886
9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCH MAKER
10b. KIND OF BUSINESS OR INDUSTRY JEWELRY
11. BIRTHPLACE (State or foreign country) HAGERSTOWN MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME WILLIAM GOLD
14. MOTHER'S MAIDEN NAME EMMA (SOUTH)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No. 214-09-6776
17. INFORMANT AND ADDRESS MRS. BESSIE GOLD 643 NORTH MULBERRY ST

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4 - C

Immediate cause (a) ..... INTERVAL BETWEEN ONSET AND DEATH ~~Few~~

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio sclerotic coronary heart disease ~~coronary Thrombosis~~ 2 yrs ~~minutes~~

(c) acute coronary occlusion 10 min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none (fell dead while hunting)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD (Degree or title) DEPUTY MEDICAL EXAM WASH. CO. ADDRESS 115 N. Potomac St, Hagerstown, Md. DATE SIGNED 11-20-53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF nov. 22, 53
NAME OF CEMETERY OR CREMATORY ROSE HILL
LOCATION (City, town, or county) HAGERSTOWN (State) MARYLAND

DATE REC'D BY LOCAL REG. Nov. 21, 1953
REGISTRAR'S SIGNATURE Clear H. Bowers
24. FUNERAL DIRECTOR FRED W. KRAISS ADDRESS 139 NORTH POTOMAC ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15A

BUREAU V. S.

DR. SHEALY.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 3 MONTHS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARLOCK MEMORIAL HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BOONSBORO X
STREET ADDRESS (If rural give location) LAKIN AVENUE

3. NAME OF DECEASED: (Type or Print) (First) CARRIE (Middle) D (Last) GREEN

4. DATE OF DEATH: (Month) NOVEMBER (Day) 29 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: JANUARY 12 1886
9. AGE last birthday: 67-10-17 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): PARK HALL - WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM SLIFER
14. MOTHER'S MAIDEN NAME: DORA HUNTZBERRY.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: EDGAR - A. GREEN BOONSBORO MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset And Death: 5 yrs plus

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic [illegible] - [illegible] — [illegible]

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1951, 19..., to 11/29, 1953, that I last saw the deceased alive on 11/25, 1953; and that death occurred at 4:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter H. Shealy M.D.
ADDRESS Sharpsburg Md.
DATE SIGNED 11/30/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF DEC-1-1953
NAME OF CEMETERY OR CREMATORY BOONSBORO MAUSOLEUM
LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.
DATE REC'D BY LOCAL REGISTRAR Dec. 1. 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR WM. F. BAST AND SONS
ADDRESS BOONSBORO MD.

RECEIVED
DEC 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1518

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D.1 Hagerstown X
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.1 Hagerstown ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D. 1, Hagerstown
STREET ADDRESS (If rural give location) R.F.D. 1, Hagerstown

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Maloy (Last) Grove
4. DATE OF DEATH: (Month) Nov. (Day) 29, (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): W. Va. 45
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Grove
14. MOTHER'S MAIDEN NAME: Jula (Myers) ~~Grove~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Victor Evans R.F.D. 2 Hagerstown

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Arteriosclerotic Heart Disease with myocardial failure — Interval Between Onset And Death 10 yrs +

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 Nov, 1953, to 29 Nov, 1953, that I last saw the deceased alive on 27 Nov, 1953, and that death occurred at 4 PM, from the causes and on the date stated above.

SIGNATURE F F Lusby MD (Degree or title) 230 N Potomac ADDRESS DATE SIGNED 30 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 2, 1953
NAME OF CEMETERY OR CREMATORY Sistersville
LOCATION (City, town, or county) Sistersville (State) W. Va.

DATE REC'D BY LOCAL REGISTRAR Nov. 30, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

1

DEC 2 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11519

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Md. 03
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 935 S. Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Francis (Last) ~~Guessofrd~~ Guessford
4. DATE OF DEATH: (Month) Nov. 1 (Day) (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH: Sept. 18 1910
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months 1 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Maintance Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Aeroplane Fairchilds
11. BIRTHPLACE (State or foreign country): Williamsport Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry ~~Guessofrd~~ Guessford
14. MOTHER'S MAIDEN NAME: Minnie Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY No.: 216-07-1199
17. INFORMANT & ADDRESS: 935 S. Potomac St. Miss Jane R Guessford Hagerstown Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Infarction, acute - recurrent — Interval Between Onset And Death: 4 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Previous infarction — 5 mos.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1953, to 1 Nov, 1953, that I last saw the deceased alive on 31 Oct, 1953, and that death occurred at 11:PM, from the causes and on the date stated above.

SIGNATURE J Dwilson (Degree or title) M.D. ADDRESS Hagerstown DATE SIGNED 11/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 4-53
NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery
LOCATION (City, town, or county) Western Pike Md. (State)
DATE REC'D BY LOCAL REGISTRAR Nov. 2. 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Albert B Leaf Williamsport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
NOV 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11520

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 15 South Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Harold (Middle) Myron (Last) Guillard

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 9, 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months — Days 21 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harold M. Guillard

14. MOTHER'S MAIDEN NAME: Shirley Byers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Harold M. Guillard, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) Intestinal obstruction (small bowell). — 5 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Congenital and post-operative adhesiv.. bands 3-21 d

DUE TO (c) mal-rotation and mal-formation of intestinal tract (congenital)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Atresia of recto-sigmoid; obstruction recto-sigmoid.

19a. DATE OF OPERATION: Nov. 11-24

19b. MAJOR FINDINGS OF OPERATION: as above

20. AUTOPSY? Yes X No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 9, 1953, to Nov. 29, 1953, that I last saw the deceased alive on Nov. 29, 1953, 4:30 AM, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE: W. J. Layman, M.D. (Degree or title) ADDRESS: S. Public Square, Hagerstown, Md. DATE SIGNED: Nov. 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11-30-1953 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR: Nov. 30, 1953m — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons, Hagerstown, — ADDRESS: Maryland

VS. A

REPLACEMENT CERTIFICATE

ORIGINAL CERTIFICATE - FILM G160 - 12/11/53 mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11521

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Appletown X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Nally's Conv. Home 60

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Bertha (Middle) Loretta (Last) Hastings
4. DATE OF DEATH: (Month) Nov. (Day) 1 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: March 24, 1882
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Indian Springs, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Ward
14. MOTHER'S MAIDEN NAME: Katherine Dolan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Mrs. Catherine McKee, Hagerstown. Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 723.0 (a) Cr. Nutis Deformans DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 5 years.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1953, to Nov. 1, 1953, that I last saw the deceased alive on Oct. 30, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Walter H. Shrat (Degree or title) M.D. ADDRESS Sharpsburg, Md. DATE SIGNED 11/3/53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 11-4-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 3 1953
REGISTRAR'S SIGNATURE John H. Rast
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1722

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Va. COUNTY Berkeley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Falling Waters W. Va.
STREET ADDRESS (If rural give location) Falling Waters W. Va.

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Charlotte (Last) Hedrick
4. DATE OF DEATH: (Month) Nov. (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 9 1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months 5 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Public School
11. BIRTHPLACE (State or foreign country): Dorcas W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Crites
14. MOTHER'S MAIDEN NAME: Anna Sites

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: John M. Hedrick Falling Waters W. Va. (husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 541.0	(a) Uremia	6 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Lower Nephrosis Syndrome	6 days
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 28 Oct 1953
19b. MAJOR FINDINGS OF OPERATION: Pylorus Stenosis due to duodenal ulcer.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 July, 1953 to 3 Nov, 1953, that I last saw the deceased alive on 2 Nov, 1953 and that death occurred at 7 45 A, from the causes and on the date stated above.
SIGNATURE (Degree or title) Paul Haak M.D. ADDRESS Williamsport Md DATE SIGNED 4 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 6-53
NAME OF CEMETERY OR CREMATORY Rosedale Cemetery
LOCATION (City, town, or county) (State) Martinsburg W. Va.
DATE REC'D BY LOCAL REGISTRAR Nov. 4. 1953
REGISTRAR'S SIGNATURE Ethel H. Bowers
24. FUNERAL DIRECTOR Edith V. Leaf Williamsport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
NOV
BUREAU V. S.

Cause for signed Nov. 17-53 Herbert Weeks, M.D. D.M.E. Wash. Co. Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1523 302

1 PLACE OF DEATH: COUNTY Washington MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Md.

LENGTH OF STAY (in this place) 18 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sharpsburg Md.

STREET ADDRESS (If rural give location) Sharpsburg Maryland

3. NAME OF DECEASED: (Type or Print) (First) Frances (Middle) Adella (Last) Highberger

4. DATE OF DEATH: (Month) Nov. (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: April 28 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR Months 6 Days 16 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Highberger

14. MOTHER'S MAIDEN NAME: Helen Boyd

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Miss Helen Highberger Sharpsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypostatic Pneumonia — Interval Between Onset And Death: 1 week

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Fracture of the left Humerus — 22 days

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Central Arteriosclerosis Chile

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Sharpsburg (COUNTY) Washington (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 23 1953 P.m.

INJURY OCCURED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR? Fell in Yard & Struck Concrete walks

22. I hereby certify that I attended the deceased from 10/26, 1953, to 11/14, 1953, that I last saw the deceased alive on 11/14, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Walter H. Shedy (Degree or title) M.D. ADDRESS Sharpsburg, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 17 1953 NAME OF CEMETERY OR CREMATORY Mt. View Cemetery LOCATION (City, town, or county) Sharpsburg Md. (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 17. 1953 REGISTRAR'S SIGNATURE Ernest H. Bowers

24. FUNERAL DIRECTOR Edith V. Leal Williamsport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 1 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN — LENGTH OF STAY (In this place): 30 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
STREET ADDRESS (If rural, give location): 814 MARSHALL ST.

3. NAME OF DECEASED (Type or Print): (First) CLAUDE (Middle) ALBERT (Last) HINKLE
4. DATE OF DEATH: (Month) NOV. (Day) 15 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 12/1/1895
9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FREIGHT CONDUCTOR
10b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN HINKLE
14. MOTHER'S MAIDEN NAME: JULIA DINGUS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY No.: 717-07-3386
17. INFORMANT AND ADDRESS: MRS. MYRTLE HINKLE, HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976X Immediate cause (a) Fractured skull due to gunshot wound — 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): Hagerstown — (COUNTY): Washington — (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 11-15-53 910 A.M. — INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? gun shot wound of head self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide ✓, homicide , undetermined .*

SIGNATURE: [signature] — (Degree or title): Acting Dep. Med. Exa. — ADDRESS: Hagerstown Md. — DATE SIGNED: 11/17/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/18/53 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cem. — LOCATION (City, town, or county): Hagerstown — (State): Md.

DATE REG'D BY LOCAL REG.: Nov. 17, 1953 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: W. T. Norment — ADDRESS: Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 19
READ

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Ditto 1725

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 9 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 640 Summit Ave

3. NAME OF DECEASED: (Type or Print) (First) IRENE (Middle) PATTERSON (Last) HOLLINGSWORTH
4. DATE OF DEATH: (Month) (Day) (Year) Nov 16 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Apr 10 1861
9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Harford County Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Amentis Patterson
14. MOTHER'S MAIDEN NAME: Ellen H. Hanna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Webster P. Hollingsworth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Arterial Sclerotic Heart Disease — Interval Between Onset And Death: 5 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage — 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1953, to 11-16, 1953, that I last saw the deceased alive on 11-9, 1953, and that death occurred at 6 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) W. E. W. Ditto ADDRESS Hagerstown Md DATE SIGNED 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-18-53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstwon Md.
DATE REC'D BY LOCAL REGISTRAR Nov 17, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A.10

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NOV 13
BUREAU V. S.

Countersigned Nov. 11. 53 S. Robert Wells, M.D. D. M.E. Wash. Co. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11526

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown X; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Washington COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown X; STREET ADDRESS (If rural give location) 2 N. West Side Avenue

3. NAME OF DECEASED: (Type or Print) (First) Frank (Middle) Morton (Last) Howard

4. DATE OF DEATH: (Month) Nov. (Day) 8 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Feb. 13, 1877

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months 8 Days 25 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Ret. Rail Carrier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Funkstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E. Howard

14. MOTHER'S MAIDEN NAME: Elizabeth Grosh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Miss Mary L. Howard, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Benign Prostatic Hypertrophy DUE TO

(c)

Interval Between Onset And Death: 4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Fracture Left Femur neck Arteriosclerotic Heart Disease 9-24-53

19a. DATE OF OPERATION: 10-6-53 10-20-53

19b. MAJOR FINDINGS OF OPERATION: Left Hip Nailed for fracture Transurethral Resection of Prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 9 - 24 53 P.m. INJURY OCCURED While at Work ☐ Not While At Work ☒ HOW DID INJURY OCCUR? Fall -

22. I hereby certify that I attended the deceased from Sept. 24, 19 53, to Nov. 8, 19 53, that I last saw the deceased alive on Nov. 8, 19 53, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ludwig Rosenstein M.D. ADDRESS Funkstown Md DATE SIGNED 11-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 11-11-1953; NAME OF CEMETERY OR CREMATORY Funkstown Cemetery; LOCATION (City, town, or county) (State) Funkstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 10. 1953; REGISTRAR'S SIGNATURE C. Lee McElroy

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

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NOV 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11527

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown R D 2 X
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Big Spring X
STREET ADDRESS (If rural give location) Charlton Dist.

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) E. (Last) Hull
4. DATE OF DEATH: (Month) Nov. (Day) 1, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Feby. 10, 1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Duties
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Washington Co, Md.
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: John Hull
14. MOTHER'S MAIDEN NAME: *----------
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Guy F. Hull- Big Spring, Md. R D

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 175x (a) Carcinoma of Right Ovary — Interval Between Onset And Death: 1 year

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) With Metastasis to Peritoneum — 2 month

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: Sept 6, 1953
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rt Ovary ā Metastasis
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ~~Sept~~ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1953, to 11/1, 1953 that I last saw the deceased alive on 11/1, 1953, and that death occurred at 8.55 P.M. from the causes and on the date stated above.

SIGNATURE David R Brewer (Degree or title) M.D. ADDRESS Clear Spring Md DATE SIGNED 11/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 4, 1953
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Near Clear Spring, Md.
DATE REC'D BY LOCAL REGISTRAR Nov 3-53
REGISTRAR'S SIGNATURE Leroy M Fockler (Deputy)
24. FUNERAL DIRECTOR Adrian T Rowland ADDRESS Clear Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X
STREET ADDRESS (If rural, give location) BOONSBORO MD. R.1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): RUSSELL - A - HUTZELL
4. DATE OF DEATH (Month) (Day) (Year): NOVEMBER 1 1953

5. SEX: WHITE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: APRIL 12 1935
9. AGE last birthday: 18-7-5 yrs. If under 1 year: Months Days; If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE - IN U.S. MARINE CORP.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HAGERSTOWN WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: RUSSELL S. HUTZELL
14. MOTHER'S MAIDEN NAME: VIRGINIA WHITTINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): YES - U.S. MARINE CORP.
16. SOCIAL SECURITY No.: 2[illegible]
17. INFORMANT AND ADDRESS: RUSSELL S. HUTZELL - BOONSBORO MD. R.1

18. MEDICAL CERTIFICATION

I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976 X

Immediate cause (a) Gun Shot wound into chest - into heart -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 4th interspace mid-clavicle line — about

(c) — 5 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☒ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Farm (CITY OR TOWN) Boonsboro, R #1 (COUNTY) Washington (STATE) County

TIME OF INJURY (Month) (Day) (Year) (Hour): nov. 17 '53 -5:30 PM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Suicide -Shot self with Shot gun

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Wells MD (Degree or title) DEPUTY MEDICAL EXAM WASH. CO. MD.
ADDRESS: 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED: 11-20-53

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: NOV. 21 1953
NAME OF CEMETERY OR CREMATORY: BOONSBORO CEMETERY
LOCATION (City, town, or county) (State): BOONSBORO WASH CO. MD.

DATE REC'D BY LOCAL REG.: Nov. 20, 1953
REGISTRAR'S SIGNATURE: Chas H. Bowers
24. FUNERAL DIRECTOR: Wm. F. BAST AND SONS
ADDRESS: BOONSBORO MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V. 15A

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN — LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
STREET ADDRESS (If rural, give location): 219 WINTER ST.

3. NAME OF DECEASED (Type or Print): (First) RICHARD (Middle) LEE (Last) KERSHNER
4. DATE OF DEATH: (Month) NOV. (Day) 24 (Year) 1953
5. SEX: WALL
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 4/12/1938
9. AGE last birthday: 15 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY: HIGH SCHOOL
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: HOWARD F. KERSHNER
14. MOTHER'S MAIDEN NAME: CORA MAY EDWARDS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-72-6245
17. INFORMANT AND ADDRESS: MR. HOWARD KERSHNER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gun Shot Wound in Skull — about

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (22 rifle) — 5 hrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md.
TIME OF INJURY (Month) 11- (Day) 24 (Year) '53 (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Shot self with 22 rifle

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: S. Robert Melly MD — (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. — ADDRESS: 115 N. Potomac St. Hagerstown, Md. — DATE SIGNED: 11-25-53

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/27/53 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cem. — LOCATION (City, town, or county): Hagerstown (State) Md.

DATE REC'D BY LOCAL REG.: Nov 25, 1953 — REGISTRAR'S SIGNATURE: Grant H. Bowers — 24. FUNERAL DIRECTOR: W. T. Norment — ADDRESS: Hagerstown, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1530

Reg. Dist. No. 312

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY WASHINGTON; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (In this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 60 WEST CHURCH STREET

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ISAAC	HARRISON	KEYSER	NOV.	30	53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
MALE	WHITE	SINGLE	MAY 14, 1888	65 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED CATCH TENDER	B & O RR	EAST LIBERTY, VIRGINIA	USA

13. FATHER'S NAME: JOHN SIMEON KEYSER
14. MOTHER'S MAIDEN NAME: PAMELA OLGLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO NO	705-09-5733	MRS. FLOYD CLINGAN 60 WEST CHURCH ST.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

900.0

Immediate cause (a) Concussions Intra Petechial Cerebral Hemorrhage — Interval between onset and death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Hagerstown	Washington	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
Nov. 27 '53 ~ p. m.		Pt. fell down steps

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes __, accident X, suicide __, homicide __, undetermined __.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Robert Mellott, M.D.	DEPUTY MEDICAL EXAM. WASH. CO. MD.	115 N. Potomac St., Hagerstown, Md.	931

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	DEC. 3, 1953	ROSE HILL CEMETERY	HAGERSTOWN, MARYLAND

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
DEC. 2, 1953	[illegible]	FRED W. KRAISS	139 NORTH POTOMAC ST.

A15A

RECEIVED
3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

31

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 001

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md. RFD 2 | LENGTH OF STAY (In this place) X 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS At Western Md R.R. Near Tannery

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md RFD #2
STREET ADDRESS (If rural, give location) Williamsport Md RFD #2

3. NAME OF DECEASED (Type or Print) (First) Darlene (Middle) Virginia (Last) Kinzer
4. DATE OF DEATH (Month) Nov (Day) 7 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 1928
9. AGE last birthday 25 yrs. If under 1 year Months 8 Days 2 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blocking Dept.
10b. KIND OF BUSINESS OR INDUSTRY Silk Mill
11. BIRTHPLACE (State or foreign country) Tilghmanton Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Edward Socks
14. MOTHER'S MAIDEN NAME Freida Wentling
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 220-28-3495
17. INFORMANT AND ADDRESS Williamsport Md Mr Charles Kinzer RFD #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

810X

Immediate cause (a) Open fracture of tibia & fibia — 10 Min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Skull

(c) Multiple fractures of legs & Arms

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) R.R. Crossing (CITY OR TOWN) Williamsport, (COUNTY) Washington (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 7 '53 7:45AM INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Auto hit train that she was riding in

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mills M.D. (Degree or title) CITY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St., Hagerstown, Md. DATE SIGNED 11-9-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE/THEREOF Nov. 10 53 | NAME OF CEMETERY OR CREMATORY West Haven Cemetery | LOCATION (City, town, or county) Hagerstown (State) Maryland

DATE REC'D BY LOCAL REG. Nov. 9 - 1953 | REGISTRAR'S SIGNATURE Edie McElroy | 24. FUNERAL DIRECTOR Albert E Leaf Williamsport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 532

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (In this place) 6 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: WASHINGTON
STATE MARYLAND COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 6
STREET ADDRESS (If rural give location) 1016 MAIN AVE.

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) LOU (Last) KUHN

4. DATE OF DEATH: (Month) NOV. (Day) 16 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 11/10/53

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 6 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): INFANT

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ROBERT L. KUHN

14. MOTHER'S MAIDEN NAME: EARLINE E. CRISSY

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO: NONE

17. INFORMANT & ADDRESS: MR. ROBERT L. KUHN HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature Birth DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1953, to Nov. 16, 1953, that I last saw the deceased alive on Nov. 15, 1953, and that death occurred at 8:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Edward W. Otto III, MD ADDRESS 217 W. Washington St. DATE SIGNED 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/17/53 NAME OF CEMETERY OR CREMATORY St. Pauls Cem. LOCATION (City, town, or county) (State) Washington County Md.

DATE REC'D BY LOCAL REGISTRAR NOV. 16. 1953 REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR W. J. Norcent ADDRESS Hagerstown, Md.

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NOV 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11533

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
MARYLAND
LENGTH OF STAY (In this place): 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
STREET ADDRESS (If rural, give location): Route 4

3. NAME OF DECEASED (Type or Print): (First) Maxwell (Middle) Benton (Last) Leiter

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Jan. 5, 1885

9. AGE last birthday: 68 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired): Merchant - Owner

10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis E. Leiter

14. MOTHER'S MAIDEN NAME: Sarah Mentzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: [redacted]

17. INFORMANT AND ADDRESS: Frank S. Leiter Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Cerebral Hemorrhage - Hypertensive	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) -Cardio- vaacular disease	
	(c)	

443 X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour): none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: [signature] DEPUTY (Name and title) MEDICAL EXAM. WASH. CO., MD.
ADDRESS: 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED: 931

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial
DATE THEREOF: Nov. 27, 1953
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 26, 1953
REGISTRAR'S SIGNATURE: [signature]
24. FUNERAL DIRECTOR: Scott F. Minnich & Son
ADDRESS: Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11534

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 479 North Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 479 North Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Gregory (Middle) Allen (Last) Little

4. DATE OF DEATH: (Month) Nov. (Day) 22 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Aug. 26, 1953.

9. AGE last birthday: IF UNDER 1 YEAR: yrs. | Months 2 | Days 26 | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William K. Little

14. MOTHER'S MAIDEN NAME: Audrey Bopp

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): NO
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: William K. Little, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute hemoptysis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ..... DUE TO

(c)

Interval Between Onset And Death: 5-10 minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Pneumonitis — 2 months 26 days

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-28, 1953, to 11-22, 1953, that I last saw the deceased alive on 11-20, 1953, and that death occurred at 10 3/4 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Margaret Miller M.D. — ADDRESS: 115 King St. Hagerstown Md. — DATE SIGNED: 11-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-24-1953 | NAME OF CEMETERY OR CREMATORY: Forest Lawn Cemetery | LOCATION (City, town, or county) (State): Johnstown, Pa.

DATE REC'D BY LOCAL REGISTRAR: Nov. 25, 1953 | REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C.M. Suter & Sons, Hagerstown, Maryland — ADDRESS

VS. 208324226 1

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NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11535

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEEDYSVILLE - RURAL
STREET ADDRESS (If rural give location) KEEDYSVILLE MD. R.1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) OTIS - RUSSELL - LONG.
4. DATE OF DEATH: (Month) (Day) (Year) NOVEMBER - 6 - 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: OCT. 28 - 1888
9. AGE last birthday: 65-0-8 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): LABORER - RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: ROAD CONTRACTOR
11. BIRTHPLACE (State or foreign country): NEAR MIDDLETOWN FRED. CO. MD. U.S.A.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: COST LONG
14. MOTHER'S MAIDEN NAME: FANNIE KAUFFMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212-14-6544
17. INFORMANT & ADDRESS: MRS. ROSCOE HUTZELL BOONSBORO MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 578X (a) Gastro Intestinal Hemorrhage — Interval Between Onset And Death: 9 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/27/53 ~~19~~, to 11/6, 1953, that I last saw the deceased alive on 11-5-, 1953, and that death occurred at 3.50 a.m., from the causes and on the date stated above.

SIGNATURE Herbert Wade (Degree or title) M.D. ADDRESS Boonsboro, Md. DATE SIGNED 11-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF NOV. 8. 1953
NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY
LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR Nov. 7. 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR WM. F. BAST AND SONS ADDRESS BOONSBORO MD.

DR. WADE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

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RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11536

CERTIFICATE OF DEATH

Dr Hoffman

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 815 Oak Hill Ave

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) YALE (Last) LYON

4. DATE OF DEATH: (Month) (Day) (Year) November 6 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Nov 1 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Furniture Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Lyon

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Ella G. Lyon Hagerstown Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 420.1	(a) Atypical Pneumonia	7 days
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) ~~Arte~~ Coronary Heart Disease	17 yrs.
DUE TO		
(260X)	(c) Arteriosclerosis	Yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 4 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV. 1, 1953, to NOV. 6, 1953 that I last saw the deceased alive on NOV. 6, 1953, and that death occurred at 11 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lloyd A. Hoffman M.D. ADDRESS 214 N. Potomac St. Hagerstown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-8-53

NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cemetery

LOCATION (City, town, or county) Baltimore (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 8. 1953

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

VS. A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Hagerstown
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 23
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 23
STREET ADDRESS (If rural give location) 526 Rolling Road.

3. NAME OF DECEASED: (Type or Print) (First) Jennie (Middle) Fannie (Last) Macht

4. DATE OF DEATH: (Month) Nov. (Day) 11 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 29, 1880

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Leeds, England

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Morris Rubin

14. MOTHER'S MAIDEN NAME: Annie Jacobson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 228093120

17. INFORMANT & ADDRESS: Dr. Stanley H. Macht (son)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 204.2 (a) Leukemia - acute monocytic — Interval Between Onset And Death: 7 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Vascular Disease 2 yrs.+

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 4, 1953, to Nov. 11, 1953, that I last saw the deceased alive on Nov. 11, 1953, and that death occurred at 4:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Lloyd A. Hoffman M.D. 214 N. Potomac St. Hagerstown, Md.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Nov. 13th, 1953 NAME OF CEMETERY OR CREMATORY Dietz Chyiam Cmtery LOCATION (City, town, or county) (State) Danville, Virginia

DATE REC'D BY LOCAL REGISTRAR Nov. 11 1953 REGISTRAR'S SIGNATURE Stuart H. Bowers

24. FUNERAL DIRECTOR Andrew K. Kauffman ADDRESS

VS. A

RECEIVED
BY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11538

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Cty.Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) E. Washington, Extd.

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) Leslie (Last) Manspeaker

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Nov.2,1951
9. AGE last birthday: 2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Hagerstown,Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Franklin Manspeaker
14. MOTHER'S MAIDEN NAME: Betty Jane Schaffer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ----------
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Henry F. Manspeaker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 756.2

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(a) volvulus or strangulation of internal hernia (ileum) — Interval Between Onset And Death 1[illegible]-20 hr.
DUE TO
(b) Meckell's diverticulum with adhesive band attached to posterior peritoneal wall — 1[illegible]-2[illegible] hr. (history)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1953, to Nov. 29, 1953, that I last saw the deceased alive on Nov. 29, 1953, and that death occurred at 2:34 AM, from the causes and on the date stated above.

SIGNATURE W. T. Layman, M.D. (Degree or title) W. T. Layman, M.D. ADDRESS S. Public Square Hagerstown, Md. DATE SIGNED Nov. 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-1-1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 30, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

REPLACEMENT CERTIFICATE

ORIGINAL CE TIFICATE * 'ILM G160- 12 16/53 - mnb

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11539

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A

1. PLACE OF DEATH:
COUNTY washinton MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown md. 03
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md.
STREET ADDRESS (If rural give location) 16 Elizabeth St.

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) V (Last) Martin

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Jan. 29 1889 | 9. AGE Last birthday: 64 yrs. | IF UNDER 1 YEAR: Months 9 Days 4 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: Homes | 11. BIRTHPLACE (State or foreign country): Williamsport Md. | 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harris Ardinger

14. MOTHER'S MAIDEN NAME: Lula Woltz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 220-10-7292

17. INFORMANT & ADDRESS: Laurice Martin 16 Elizabeth St. Hagerstown Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 443X — (a) Cerebral hemorrhage — Interval Between Onset And Death: 17 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertensive cardiovasculor disease — years
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 30, 1953, to Nov. 2, 1953, that I last saw the deceased alive on Nov. 2, 1953 and that death occurred at 7:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED Nov. 3, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov. 5-53 | NAME OF CEMETERY OR CREMATORY Rivervie. Cemetery | LOCATION (City, town, or county) (State) Williamsport Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 4. 1953 | REGISTRAR'S SIGNATURE Chas. H. Bowers, | 24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf Williamsport Md.

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NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland
STREET ADDRESS (If rural give location) 27 W. Salisbury Street

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Henry (Last) McElroy

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept 20 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months 1 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Scott McElroy
14. MOTHER'S MAIDEN NAME: Emma Lee Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 220-16-1752
17. INFORMANT & ADDRESS: 27 W. Salisbury St. Mrs. Alice McElroy Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinoma of Stomach

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: 4 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/18/53
19b. MAJOR FINDINGS OF OPERATION: Inoperable Carcinoma of Stomach
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5/ ,19 53 to 11/8/ , 1953 , that I last saw the deceased alive on 8 Nov , 1953, and that death occurred at 1 AM , from the causes and on the date stated above.

SIGNATURE (Degree or title) Paul Haak M.D. ADDRESS Williamsport, Md. DATE SIGNED NOV 9 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Nov. 12-53
NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
LOCATION (City, town, or county) (State): Williamsport Maryland

DATE REC'D BY LOCAL REGISTRAR: Nov. 9. 1953
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Albert L Leaf Williamsport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SAN MAR X
LENGTH OF STAY (in this place): 10 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: FAHRNEY-KEEDY HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SMITHSBORG - RURAL
STREET ADDRESS (If rural give location): SMITHSBORG MD. ROUTE 2

3. NAME OF DECEASED: (Type or Print) (First) MYRTLE (Middle) S (Last) MINER

4. DATE OF DEATH: (Month) NOVEMBER (Day) 7 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	SINGLE	AUGUST 14 1868	85-2-23 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEKEEPER	OWN HOME	WASHINGTON COUNTY MD.	U.S.A.

13. FATHER'S NAME: DAVID MINER

14. MOTHER'S MAIDEN NAME: LUSINDA HISE.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No	NONE	RECORDS OF FAHRNEY-KEEDY HOME BOONSBORO RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
442X Immediate cause	(a) Cardio-renal-arteriosclerosis	10 yrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Embolus to right lung	24 hours
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 5, 1953, to Nov. 7, 1953, that I last saw the deceased alive on Nov. 7, 1953, and that death occurred at 11.45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	M.D.	Boonsboro	11/9/53.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	NOV. 10 - 1953	LEITERSBURG CEMETERY	LEITERSBURG WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
NOV. 9. 1953	John H. Bast	WALTER Y. GROVE	WAYNESBORO PENNA.

VS.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 423 McDowell Avenue

3. NAME OF DECEASED: (Type or Print) (First) Preston (Middle) LeRoy (Last) Moats
4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 6-20-1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months 4 Days 28 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Sttaton Furn. Co.
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Ernest Moats
14. MOTHER'S MAIDEN NAME: Annie Fish
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-09-6913
17. INFORMANT & ADDRESS: Mrs. Preston L. Moats, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Disease — Interval Between Onset And Death: 2 wk

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cardio Vascular Disease — 6 mo

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-10, 1953, to 11-18, 1953, that I last saw the deceased alive on 11-17, 1953, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE A. S. W. Letts (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 11/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-21-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REGISTRAR Nov. 20, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

NOV

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1543

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Angle's Quarry - End of Mitchell Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 433 CARROLTON AVENUE

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) WOODROW (Last) MOATS
4. DATE OF DEATH (Month) 11 (Day) 15 (Year) 1953
5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept 13 1946
9. AGE last birthday 7 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME RAYMOND MOATS
14. MOTHER'S MAIDEN NAME EDITH F. SHAFFER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS RAYMOND MOATS 433 CARROLTON AVENUE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

929.2 Immediate cause (a) Drowning (Accidental) — 5 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Stone Quarry (CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 11-15-53 5 P. m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? while playing fell in quarry that was partly filled with water

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. W. Ditto (Degree or title) Acting Dep. Med. Exam. ADDRESS Hagerstown Md DATE SIGNED 11/15/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF NOV. 18, 1953
NAME OF CEMETERY OR CREMATORY ROSE HILL
LOCATION (City, town, or county) HAGERSTOWN (State) MARYLAND
DATE REC'D BY LOCAL REG. Nov. 16, 1953
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR FRED W. KRAISS ADDRESS 139 NORTH POTOMAC ST.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Film#G159 Item No. 13, 14, 11/12/53 emp

11544

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3021

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 36 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 26½ E. Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) Willie (Middle) Hubert (Last) Morgan
4. DATE OF DEATH: (Month) Nov. (Day) 4, (Year) 1953

5. SEX: single
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Aug. 30, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): driver
10b. KIND OF BUSINESS OR INDUSTRY: Taxi Cab Co.
11. BIRTHPLACE (State or foreign country): State of Virginia 43
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-09-0087
17. INFORMANT & ADDRESS: Washington County Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4221
Immediate cause (a) Cardiac Vascular Fusion
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 8 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1953, to Nov 4, 1953, that I last saw the deceased alive on 11-3-, 1953, and that death occurred at 4 A.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) A. Wolfe
ADDRESS Hagerstown Md
DATE SIGNED 11-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) removal
DATE THEREOF Nov. 5
NAME OF CEMETERY OR CREMATORY University Medical School, Baltimore, Md.
LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR Nov. 5, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son, Hagerstown ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Boonsboro - Rural — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R. 1.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro - Rural
STREET ADDRESS (If rural give location) Boonsboro Md. R. 1

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) J (Last) Moser

4. DATE OF DEATH: (Month) Nov. (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 8. 1865

9. AGE last birthday: 88-0-10 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home.

11. BIRTHPLACE (State or foreign country): Boonsboro Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Marty

14. MOTHER'S MAIDEN NAME: Rebecca Keedle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None.

17. INFORMANT & ADDRESS: Herman Moser Boonsboro Md. R. 1.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arterial Hypertension — 2 mo. 29 days

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 19 19 53, to Nov. 18 19 53, that I last saw the deceased alive on Nov. 18, 19 53, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

SIGNATURE: Herbert Mader — (Degree or title) M. D. — ADDRESS: Boonsboro Md. — DATE SIGNED: 11-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 22 1953 — NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery. — LOCATION (City, town, or county) (State): Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 22. 1953 — REGISTRAR'S SIGNATURE: John R. Bert

24. FUNERAL DIRECTOR: Wm. T. Bast & Sons — ADDRESS: Boonsboro Md.

Dr. Brady

M

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VS. A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1716

CERTIFICATE OF DEATH

Reg. Dist. No. 30-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
LENGTH OF STAY (in this place) 3 yrs 67 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE W. Va COUNTY Berkeley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Martinsburg
STREET ADDRESS (If rural, give location) 228 W. Martin

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) D. (Last) Myers

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 12, 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Berkeley Co. W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Myers

14. MOTHER'S MAIDEN NAME: Clara Doll

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. B. D. Myers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Old Cerebral Vascular accident 4 yrs.

19a. DATE OF OPERATION: None **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 April, 1953, to 26 Nov, 1953, that I last saw the deceased alive on 26 Nov, 1953, and that death occurred at 9:15 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Paul Haak M.D. Williamsport Md 26 Nov 1953

23. BURIAL, CREMATION REMOVAL (Specify): removal — DATE THEREOF 11/26/53 — NAME OF CEMETERY OR CREMATORY Martinsburg W. Va — LOCATION (City, town, or county) Martinsburg (State) W. Va

DATE REC'D BY LOCAL REG. Nov. 26-1953 — REGISTRAR'S SIGNATURE Mrs E Lee McElroy

24. FUNERAL DIRECTOR Howard K. Brown — ADDRESS Martinsburg W. Va

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:
COUNTY Washington, MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Locust Grove - Rural
LENGTH OF STAY (in this place) X 10 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rohrersville Md X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Locust Grove - Rural
STREET ADDRESS (If rural give location) Rohrersville Md

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) B (Last) Nield

4. DATE OF DEATH: (Month) November (Day) 23 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: January - 2 - 1875
9. AGE last birthday: 78-10-21 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): near Funkstown Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin F. Clark
14. MOTHER'S MAIDEN NAME: Mary Jane Harman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: M. J. Nield Rohrersville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 X

Immediate cause (a) Cardio vascular hypertensive — Interval Between Onset And Death: 5 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Mitral Stenosis & Regurgitation — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1953, to Nov. 23, 1953, that I last saw the deceased alive on Nov. 23, 1953, and that death occurred at 6.10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS Boonsboro DATE SIGNED Nov. 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial - DATE THEREOF Nov. 26. 1953 NAME OF CEMETERY OR CREMATORY Rohrersville Cemetery LOCATION (City, town, or county) (State) Rohrersville Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR Nov. 25-1953 REGISTRAR'S SIGNATURE Mrs Katherine Dagenhart

24. FUNERAL DIRECTOR Wm F. Bast & Sons ADDRESS Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1953

BUREAU V. S.

Counter signed
Nov. 13-53
S.R. Lee & Wells M.D.
D.M.E. Wash. Co. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11548

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 29 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 244 S. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 244 S. Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) Peter (Middle) Bertram (Last) Pence

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 17, 1858
9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Conductor
10b. KIND OF BUSINESS OR INDUSTRY: N&W Railroad
11. BIRTHPLACE (State or foreign country): Stanley, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. Pence
14. MOTHER'S MAIDEN NAME: Harriett Short

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs. Lottie Rouzee 244 S. Potomac St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

904.0

Immediate cause (a) Fracture - upper end of femur - Fall - — Interval Between Onset And Death: 3 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease — years.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
PLACE OF INJURY (Home, ~~farm~~, factory, street, ~~office bldg., etc.~~) (CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 10/17/53 m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 17, 1953, to Nov. 10th 1953, that I last saw the deceased alive on Oct. 17th 1953, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 11/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/13/53
NAME OF CEMETERY OR CREMATORY Rest Haven
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 12, 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Wm. G. Horst

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

11549

CERTIFICATE OF DEATH

Reg. Dist. No. 317

1. PLACE OF DEATH:

COUNTY WASHINGTON MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KEEDYSVILLE X

LENGTH OF STAY (in this place) LIFE

HOSPITAL OR INSTITUTION OR STREET ADDRESS MAIN ST. X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND COUNTY WASHINGTON

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KEEDYSVILLE X

STREET ADDRESS (If rural give location) MAIN ST.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) BERTHA - MAE - POFFENBERGER

4. DATE OF DEATH: (Month) (Day) (Year) NOVEMBER - 3. 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JANUARY - 29 - 1880

9. AGE last birthday: 73-9-6 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): KEDYSVILLE WASH. CO. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DANIEL LINE

14. MOTHER'S MAIDEN NAME: MARTHA SPIELMAN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: EDWARD E. POFFENBERGER - KEEDYSVILLE MD

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 154X (a) Cancer of rectum

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death 1 year

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1953, to Nov. 3, 1953, that I last saw the deceased alive on Nov. 2, 1953, and that death occurred at 1.10 AM., from the causes and on the date stated above.

SIGNATURE (Degree or title) B. W. Levan M.D. ADDRESS Boonsboro - DATE SIGNED 11/4/53.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF NOV. 5. 1953

NAME OF CEMETERY OR CREMATORY BOONSBORO CEMETERY

LOCATION (City, town, or county) (State) BOONSBORO WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR Nov 13 53

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR WM. F BAST AND SONS ADDRESS BOONSBORO MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. LEVAN

VS.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]550

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) One Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Tilghmanton - Rural
STREET ADDRESS (If rural give location) Boonsboro Md. R.1

3. NAME OF DECEASED: (Type or Print) (First) Philip (Middle) - Grant (Last) Rager

4. DATE OF DEATH: (Month) November (Day) - 11 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 24 - 1865
9. AGE last birthday: 87-10-17 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Farmer - Retired
10b. KIND OF BUSINESS OR INDUSTRY: - Own Farm
11. BIRTHPLACE (State or foreign country): Johnstown Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George Rager
14. MOTHER'S MAIDEN NAME: Catherine Shafer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Richard L. Rager - 35 E. Cemetery St. - Funkstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Cerebral Apoplexy — Interval Between Onset And Death: Day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14/53, to 11/11/53, 19 , that I last saw the deceased alive on 11/11/53 19....., and that death occurred at 6 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. F. Young M.D. ADDRESS William & Fort Ave DATE SIGNED 11/11/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 14. 1953
NAME OF CEMETERY OR CREMATORY Manor Cemetery
LOCATION (City, town, or county) (State) Hedi Tilghmanton Wash. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 13. 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Wm. J. Bast & Sons ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct [illegible] is especially important. Physicians: please write the causes of death clearly and legibly.

VS. [illegible]

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NOV 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11551

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaver Creek—Rural X

LENGTH OF STAY (in this place) 3 years.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R. 2 X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland. COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaver Creek. Rural. X

STREET ADDRESS (If rural give location) Boonsboro Md. R. 2.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Mary	Jane	Recher	November 18. 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female.	White.	Widowed	Feb. 22. 1864	89-8-26 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home.	Wolfsville Frd. Co. Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John A. Wilson	Elizabeth Rice

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No.	None.	Mrs. Quinter Valentine Boonsboro Md. R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

542 X

Immediate cause (a) Chronic Nephritis — Interval Between Onset And Death: 2 yrs. 7 mo. 20 ds.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic Myocarditis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 28, 1951, to Nov. 18, 1953, that I last saw the deceased alive on Oct. 31, 1953, and that death occurred at 11:00 P. M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John W. Bast	M. D.	Boonsboro Md.	11-20-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 23. 1953	St. Marks Lutth Cemet.	Wolfsville Frd Co. Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 23. 53.	John W. Bast	Wm. J. Bast & Sons	Boonsboro Md.

VS. A10

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NOV 1 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstonn
LENGTH OF STAY (In this place) 9 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Wash County Home

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) Hartley (Last) Redifer
4. DATE OF DEATH (Month) (Day) (Year) Nov. 25 '53 19

5. SEX male MALE
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 14 1886
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) East Hopewell Twshp Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles T. Redifer
14. MOTHER'S MAIDEN NAME Anna C. McKinley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---------
16. SOCIAL SECURITY No. unable to locate
17. INFORMANT AND ADDRESS Mrs william Montooth York Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Fractured skull	30 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Fractured femur (rt)	
	(c)	Hemorrhage & shock	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death arterio sclerotic myocardial heart disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) Wash. Co. Home Hagerstown Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 11-25-53 8:25 P
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? fell off of porch at County Home

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☑, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ☑, suicide , homicide , undetermined*

SIGNATURE [signature] (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED Nov/25'53

BURIAL, CREMATION (Specify) Burial
DATE TUBERCLE 11-28-53
NAME OF CEMETERY OR CREMATORY Craleys Cemetery
LOCATION (City, town, or county) (State) Craley York Co. Pa.

DATE REC'D BY LOCAL REG. Nov. 27, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

MARGIN RESERVED FOR BINDING

INLY, WITH UNFADING INK. Supply every item of information carefully. The correct age specially important. Physicians: please write the causes of death clearly and legibly

RECEIVED
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11353

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md.
LENGTH OF STAY (In this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Williamsport Md.
STREET ADDRESS (If rural, give location) Williamsport R.D. 2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lillian	May	Reesman	Nov. 16, 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Femal	White	Married	May 3, 1892	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Delta York County, Pa.	U.S.A.

13. FATHER'S NAME: Samuel Brown

14. MOTHER'S MAIDEN NAME: Annie Dinbow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	C. D. Reesman Williamsport, Md. R.D. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1 Immediate cause (a) Carcinoma of liver & metastasis — Interval between onset and death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/6/53, 19..... to 11/16/53 19....., that I last saw the deceased alive on 11/16/53 19....., and that death occurred at 1:07 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. D. Reesman	M.D.	Williamsport Md.	11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 19, 1953	Fairfield Union	Fairfield, Adams Co. Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 17, 1953	[illegible]	S. L. Allison	Fairfield, Pa.

S. L. Allison

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BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1154

CERTIFICATE OF DEATH

Dr Willson

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 1 Day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 1030 Kuhn Ave

3. NAME OF DECEASED: (Type or Print) (First) STEVENSON (Middle) ALLEN (Last) RENNER

4. DATE OF DEATH: (Month) Nov (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Nov 12 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George B. Renner
14. MOTHER'S MAIDEN NAME: Peggy A. Lonberbean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: George B. Renner

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

759.3

Immediate cause (a) Atelectasis - Cerebral Ischemia
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Congenital Defect
DUE TO

(c)

Interval Between Onset And Death: 24 hours

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ——

19a. DATE OF OPERATION: ——
19b. MAJOR FINDINGS OF OPERATION ——
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ——
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from 12 Nov, 1953 to 13 Nov, 1953, that I last saw the deceased alive on 13 Nov, 1953, and that death occurred at 10:35 P.M., from the causes and on the date stated above.

SIGNATURE Dewson (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED 11/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-14-53
NAME OF CEMETERY OR CREMATORY Dunkard Cemetery
LOCATION (City, town, or county) (State) Broadfording Md

DATE REC'D BY LOCAL REGISTRAR Nov. 14, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

20X3192435

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

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1973
BUREAU V. S.

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(18)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Clearspring Md.
LENGTH OF STAY (in this place) 3 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural, Clearspring Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Elsie (Middle) Grace (Last) Reynolds

4. DATE OF DEATH: (Month) Nov. (Day) 20, (Year) 1953

5. SEX: F.
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Aug. 13, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: House Duties
11. BIRTHPLACE (State or foreign country): Foxville Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Clayton Zeigler
14. MOTHER'S MAIDEN NAME: Effie Wolf.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Samuel E. Reynolds, Chambersburg Pa.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

334X

Immediate cause (a) Cerebral Apoplexy — 3 yrs

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Hypostatic Pneumonia — 1 week

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ....,1952, to Nov. 20, 1953, that I last saw the deceased alive on Nov. 20, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) David R. Hess M.D. ADDRESS Shady Grove Pa. DATE SIGNED 11/21/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/23/53
NAME OF CEMETERY OR CREMATORY Green Hill
LOCATION (City, town, or county) (State) Waynesboro Pa.

DATE REC'D BY LOCAL REGISTRAR Nov. 23-1953
REGISTRAR'S SIGNATURE Joseph W. Murray Local Registrar
24. FUNERAL DIRECTOR Walter Y. Grove, Waynesboro Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11556

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. T

1 PLACE OF DEATH:
COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STATE MARYLAND
LENGTH OF STAY (in this place) 45 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2208 VIRGINIA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STATE MARYLAND
STREET ADDRESS (If rural give location) 2208 VIRGINIA AVE.

3. NAME OF DECEASED: (Type or Print) (First) MILLIE (Middle) FRANCES (Last) ROUZEE

4. DATE OF DEATH: (Month) NOV. (Day) 11 (Year) 19 53

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: 11/ /1877
9. AGE last birthday: 76 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): VIRGINIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM H. MITCHELL
14. MOTHER'S MAIDEN NAME: WILMETH BURKE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: MRS. HELEN EATON HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Coronary sclerotic Heart Disease — Interval Between Onset And Death: 10 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-20-1953, to 11-11-1953, that I last saw the deceased alive on 11-8-1953, and that death occurred at 10.50 A.M. from the causes and on the date stated above.

SIGNATURE L. DW Orth (Degree or title)
ADDRESS Hagerstown Md
DATE SIGNED 11/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11/13/53
NAME OF CEMETERY OR CREMATORY Prospect Hill Cem.
LOCATION (City, town, or county) Front Royal (State) Warren Va.

DATE REC'D BY LOCAL REGISTRAR Nov. 12. 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR W. J. Norment
ADDRESS Hagerstown, Md.

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NOV 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Ditto
11557

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clearspring. R. #1
STREET ADDRESS (If rural give location) Broadfording Clearspring Road

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Hastings (Last) Rubeck
4. DATE OF DEATH: (Month) Nov. (Day) 20 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Nov. 25, 1887
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Mooresville Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Hastings
14. MOTHER'S MAIDEN NAME: Mary Martin

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Mrs Louise Funk. Clearspring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X

Immediate cause (a) Cardio - Renal Disease — Interval Between Onset And Death: 3 mo

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) General arterial sclerosis — 3 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1-, 1953, to 11-20-, 1953, that I last saw the deceased alive on 11-18, 1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D. Ditto
ADDRESS Hagerstown Md
DATE SIGNED 11/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 22/53
NAME OF CEMETERY OR CREMATORY Dunkard Cemetery
LOCATION (City, town, or county) (State) Broadfording, Md

DATE REC'D BY LOCAL REGISTRAR Nov. 21, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 373

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KEEDYSVILLE X
LENGTH OF STAY (in this place) 7 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE MD. COUNTY WASH.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KEEDYSVILLE
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) NATHAN (Middle) R. (Last) RUEBECK
4. DATE OF DEATH: (Month) NOV. (Day) 11 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: JULY 4, 1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): FARM HAND
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: HOWARD RUEBECK
14. MOTHER'S MAIDEN NAME: ANNIE HOSE

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 212-24-5058
17. INFORMANT & ADDRESS: GROVER RUEBECK KEEDYSVILLE, MD. R.D #1

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.2

Immediate cause (a) Angina Pectoris DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1953, to Nov 11, 1953, that I last saw the deceased alive on Nov. 11, 1953, and that death occurred at 10 P.M., from the causes and on the date stated above.

SIGNATURE G W Lway (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 11/13/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 11/14/1953
NAME OF CEMETERY OR CREMATORY MT. TABOR CEMETERY
LOCATION (City, town, or county) FAIRVIEW (State) MD.

DATE REC'D BY LOCAL REGISTRAR Nov. 13. 53
REGISTRAR'S SIGNATURE R H Greeting
24. FUNERAL DIRECTOR G. Marlin Poe, ADDRESS WAYNESBORO, PENNA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

RECEIVED
NOV 16
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1959

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 32 SUMMIT AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 32 SUMMIT AVENUE

3. NAME OF DECEASED: (Type or Print) (First) IVEY (Middle) E. (Last) SACWRIGHT

4. DATE OF DEATH: (Month) NOV. (Day) 19 (Year) 19 53

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: UNKNOWN

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSE WORK

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT & ADDRESS: MR. LEROY KARNS HAGERSTOWN # 5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 443X — (a) Hypertension Cardio-Vascular Disease.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (322.1)

DUE TO (b) (?)

DUE TO (c) —

Interval Between Onset And Death: 4-5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholism

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0 (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. 0

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from [illegible], 1953, to 11/20, 1953, that I last saw the deceased alive on 11/19, 1953 and that death occurred at 5 [illegible] from the causes and on the date stated above.

SIGNATURE Virtus D. Miller (DR) (Degree or title)
ADDRESS 131 W. WASHINGTON ST. HAGERSTOWN, MD.
DATE SIGNED 11/20 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF NOV. 23 1953
NAME OF CEMETERY OR CREMATORY REST HAVEN
LOCATION (City, town, or county) HAGERSTOWN (State) MARYLAND

DATE REC'D BY LOCAL REGISTRAR NOV. 21 1953
REGISTRAR'S SIGNATURE John H. Bowers

24. FUNERAL DIRECTOR FRED W. KRAISS
ADDRESS 139 NORTH POTOMAC ST.

VS. A

RECEIVED
OCT 1 1933
BUREAU V. S.

Film#G160 Item# 3 12/7/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock 2 X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock 2 X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Arizona (Middle) Maxwell (Last) Schmidt
4. DATE OF DEATH (Month) Nov. (Day) 25 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Oct 15, 1880
9. AGE last birthday 73 yrs. If under 1 year Months 1 Days 9 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Whitacre Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Michael
14. MOTHER'S MAIDEN NAME Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Mrs Lucy Younker Hancock R.F.D 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) arterio-sclerotic myocardial

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) heart disease

(c) acute ventricular failure — 20 min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED 11.25.53

FINAL CREMATION MOVAL (Specify) Burial
DATE THEREOF 11. 27. 53
NAME OF CEMETERY OR CREMATORY Buckvalley Christian Cemetery
LOCATION (City, town, or county) (State) Buckvalley Penna

DATE REC'D BY LOCAL REG. 11-27-53
REGISTRAR'S SIGNATURE J. A. Heller
24. FUNERAL DIRECTOR Howard J. Grove Hancock Md. ADDRESS

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

DEC
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

Dr Wells

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 1½ Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 29 West Baltimore St

3. NAME OF DECEASED (Type or Print) (First) JESSE (Middle) EDGAR (Last) SHAW Sr.

4. DATE OF DEATH (Month) Nov (Day) 29 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jany 7 1888
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Retired
10b. KIND OF BUSINESS OR INDUSTRY W.M.R.R.
11. BIRTHPLACE (State or foreign country) Marlowe W. Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Shaw
14. MOTHER'S MAIDEN NAME Mary Sanders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 214-09-9485 A
17. INFORMANT AND ADDRESS Jesse E. Shaw Jr

18. MEDICAL CERTIFICATION Smithsburg Md. R # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 90 min.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (History of Chronic Alcholism)

322.1 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 11-30-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12-2-53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU

Film#G159 Item#_14_11/25/53_cmp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]62

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY WASHINGTON — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN

LENGTH OF STAY (in this place): LIFE

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Gateway Convalscent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE MARYLAND — COUNTY WASH

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): HAGERSTOWN

STREET ADDRESS (If rural give location): Hagerstown Rural

3. NAME OF DECEASED: (Type or Print) (First) Amos (Middle) Henry (Last) Shoup

4. DATE OF DEATH: (Month) Nov. (Day) 13, (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed	Aug. 12, 1878	75 yrs.		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	General Laborer	Greeencastle Pa.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Kane Shoup	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No. None.	None	Amos H. Shoup Jr. Balt. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset And Death: 15 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible]

DUE TO

(c) (Terminal) Hypostatic Pneumonia — 1 wk.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 16, 1953, to Nov. 13, 1953, that I last saw the deceased alive on Nov 11, 1953, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Edw. W. Offutt III, MD	212 W. Washington St.	11/14/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11/16/53	Cedar Hill	Greeencastle Pa.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov-16-53	Leroy M. Fockler (Deputy Local)	Fred W. Kraiss	139 N. Bot. St. Hag. Md.

VS. 1

RE
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1763

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 17 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: WASHINGTON
STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 522 CHESTNUT ST.

3. NAME OF DECEASED: (Type or Print) (First) JENNIE (Middle) CATHERINE (Last) SMITH

4. DATE OF DEATH: (Month) NOV. (Day) 7 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 2/28/1877

9. AGE last birthday: 76 Yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMULL SWOPL

14. MOTHER'S MAIDEN NAME: MARGARET REYNOLDS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. CHAS. DUKE MARTINSBURG W. VA

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 175X

(a) DUE TO: Carcinomatosis abdominal

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO:

(c)

Interval Between Onset And Death: 1 yr.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 7 53

19b. MAJOR FINDINGS OF OPERATION: Dr. parietal carcinomatosis, ? abdom

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1953, to Nov. 7, 1953, that I last saw the deceased alive on 6 Nov., 1953, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Geo. H. Buechler M.D. ADDRESS: Hag. DATE SIGNED: 11/7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 11/9/53

NAME OF CEMETERY OR CREMATORY: Cedar Grove Cem.

LOCATION (City, town, or county) (State): Chambersburg, Franklin, Pa.

DATE REC'D BY LOCAL REGISTRAR: Nov. 8, 1953

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: W. J. Norment, Hagerstown, Md. ADDRESS

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BUREAU V. S.

Film#G159 Item#9 11/24/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Welty 1564

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 41 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 409 So Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 409 So. Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) SCHLOSSER (Last) SNAVELY

4. DATE OF DEATH: (Month) Nov (Day) .14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH: March 25 1864

9. AGE last birthday: 88/ 89 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Owner Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): near Tilghmanton Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Snavely

14. MOTHER'S MAIDEN NAME: Anna S. Schlosser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Harry S. Snavely Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4210.1 Immediate cause (a) Coronary Arteriosclerotic Heart Disease & Cong. Failure — Interval Between Onset And Death: 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) ———

DUE TO (c) ———

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Benign Prostatic Hypertrophy — 3 years

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18-52 to 11-14-53, that I last saw the deceased alive on 11-14-53, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dalton M. Welty, M.D. ADDRESS Hagerstown DATE SIGNED 11-16-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-17-53 NAME OF CEMETERY OR CREMATORY Mausoleum Rose Hill Cem. LOCATION (City, town, or county) Hagerstown Md (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 17, 1953 REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. 1

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NOV 19 1953
REAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr Lusby 11565

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 7 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 140 So Mulberry St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 140 So. Mulberry St

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) RAYETTA (Last) SNYDER

4. DATE OF DEATH: (Month) Nov (Day) 12 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Feby 18 1856

9. AGE Last birthday: 97 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Boonsboro Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Miller

14. MOTHER'S MAIDEN NAME: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): ———

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Joseph W. Snyder Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardio Renal disease with — Interval Between Onset And Death: 20 yrs

DUE TO (b) myocardial failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr ..., 1946, to 12 Nov ..., 1953, that I last saw the deceased alive on 12 Nov ..., 1953, and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE (Degree or title): E F Lusby M.D. — ADDRESS: 23 N Potomac — DATE SIGNED: 13 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11/14/53 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: Nov. 14. 1953 — REGISTRAR'S SIGNATURE: Elizabeth Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

VS. A

RECEIVED
NOV 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11566

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md
LENGTH OF STAY (in this place) 1 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. C. Bellevue Asylum Middleburg Pike Hag. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
STREET ADDRESS (If rural give location) Sharpsburg Maryland

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Henry (Last) Speaker
4. DATE OF DEATH: (Month) Nov. (Day) 12 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 17 1876
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months 11 Days 25 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Labor Farm
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Sharpsburg Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Silas Speaker
14. MOTHER'S MAIDEN NAME: Anna Marion Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Lena L Knode Sharpsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.0

Immediate cause (a) Chronic nephrosclerosis — unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive arteriosclerotic heart disease — unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Octo. 15, 53, to Nov. 12, 1953, that I last saw the deceased alive on Nov. 12, 1953, and that death occurred at 6:00PM from the causes and on the date stated above.

SIGNATURE Arlie Robert Cohen (Degree or title) M. D. ADDRESS Clear Spring, Maryland DATE SIGNED November 13, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 15-53 NAME OF CEMETERY OR CREMATORY Bakersville Cemetery LOCATION (City, town, or county) (State) Bakersville Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 13, 1953 REGISTRAR'S SIGNATURE Grant H. Bowers
24. FUNERAL DIRECTOR Albert L Leaf Williamsport Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

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NOV 1C
BUREAU V. S.

184

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL) OR TOWN Rural-Hagerstown; LENGTH OF STAY (in this place) 3 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Hagerstown; STREET ADDRESS (If rural give location) Gateway Convalescent Home

3. NAME OF DECEASED: (Type or Print) (First) Louda (Middle) Augusta (Last) Steigler

4. DATE OF DEATH: (Month) Nov. (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: May 25 1874

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION, Give kind of work done during most of working life, even if retired: Retired School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Elementary

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Steigler

14. MOTHER'S MAIDEN NAME: Anna Fischer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: Mr. Ernest Schultz Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

159X

Immediate cause (a) DUE TO: Malnutrition

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: GI malignancy (unestablished)

(c)

Interval Between Onset And Death: (a) 6 mo. (b) indef.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Possible CNS degenerative change Arthritis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1949, 19 to , 19 , that I last saw the deceased alive on 11-23, 1953, and that death occurred at 3:45 PM, from the causes and on the date stated above.

SIGNATURE Robert F. Veada (Degree or title) MD ADDRESS Hagerstown DATE SIGNED 11-24-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 11/25/53; NAME OF CEMETERY OR CREMATORY Loudon Park Cem.; LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 24 1953; REGISTRAR'S SIGNATURE J.W. Murray Local

24. FUNERAL DIRECTOR W.J. Norment ADDRESS Hagerstown Md.

VS. T

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NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock
LENGTH OF STAY (in this place) 4 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Morgan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berkeley Springs W.V.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Harold (Middle) S (Last) Stotler

4. DATE OF DEATH (Month) 11. (Day) 7 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH June. 24.1906
9. AGE last birthday 47 yrs. If under 1 year: Months 4, Days 13; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter
10b. KIND OF BUSINESS OR INDUSTRY Building Painter
11. BIRTHPLACE (State or foreign country) Morgan County W.VA.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Clarence Stotler
14. MOTHER'S MAIDEN NAME Nancy R Waugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 219 12 1924
17. INFORMANT Mrs Virginia Dicherhoff, Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis

431X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 26, 1953, to Nov 7, 1952, that I last saw the deceased alive on dead Nov 7, 1953, and that death occurred at 5 15 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
P.M. Shaffer M.D. Hancock Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 11. 9.53
NAME OF CEMETERY OR CREMATORY Bethel Cemetery W.va.
LOCATION (City, town, or county) (State) Berkeley Springs W.VA.

DATE REC'D BY LOCAL REG. Nov. 9, 1953
REGISTRAR'S SIGNATURE J A Heller
24. FUNERAL DIRECTOR Howard J Grove Hancock md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 46 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS I9 FAIRGROUND AVENUE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) I9 FAIRGROUND AVENUE

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) RILEY (Last) TROVINGER

4. DATE OF DEATH: (Month) NOV. (Day) 28 (Year) 1953

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: OCT 6 I870

9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): CLERK

10b. KIND OF BUSINESS OR INDUSTRY: GROCERY BUSINESS

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FRANK TROVINGER

14. MOTHER'S MAIDEN NAME: HARRIETT HOOVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 2I6- 22-8644

17. INFORMANT & ADDRESS: MRS. HARRIETT MILLER I9 FAIRGROUND AVE. HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 48 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c) General Arterio. Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: [illegible]

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from NOV 28 53, to NOV 28 53, that I last saw the deceased alive on NOV 28 53, and that death occurred at 11:50 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Beasley M.D. ADDRESS Hagerstown MD DATE SIGNED NOV 28 53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF I2/I/53

NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY

LOCATION (City, town, or county) (State) HAGERSTOWN, MD.

DATE REC'D BY LOCAL REGISTRAR DEC 30 1953

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS FRED W. KRAISS HAGERSTOWN, MD.

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1570

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the names of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 50 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 521 WEST FRANKLIN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 521 WEST FRANKLIN STREET

3. NAME OF DECEASED: (Type or Print) (First) GEORGE (Middle) O. (Last) VARNER
4. DATE OF DEATH: (Month) NOV. (Day) 12 (Year) 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWER
8. DATE OF BIRTH: DEC. 31, 1874
9. AGE Last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): TELEGRAPH OPER.
10b. KIND OF BUSINESS OR INDUSTRY: R & O R.R.
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: HENRY VARNER
14. MOTHER'S MAIDEN NAME: LEAH JANE RUSSELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NO
16. SOCIAL SECURITY NO.: 705-12-3617
17. INFORMANT & ADDRESS: MISS HILDA VARNER 521 WEST FRANKLIN ST.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

1574

Immediate cause (a) Carcinoma of the body of the Pancreas — 3 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis - generalized. — yrs.
DUE TO (c) Metastatic to lung, right. — mos.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypoproteinemia.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from oct ..., 19 53 to Nov 12, 19 53, that I last saw the deceased alive on Nov 8, 1953, and that death occurred at 2.00 P.M., from the causes and on the date stated above.

SIGNATURE Louis G. Graff — (Degree or title) M.D. — ADDRESS 170 W. Wash St. — DATE SIGNED 11/13/53.
Louis G. Graff

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF NOV. 15, 1953 — NAME OF CEMETERY OR CREMATORY REST HAVEN CEMETERY — LOCATION (City, town, or county) (State) HAGERSTOWN, MARYLAND

DATE REC'D BY LOCAL REGISTRAR NOV. 15, 1953 — REGISTRAR'S SIGNATURE Thos. H. Bowers

24. FUNERAL DIRECTOR FRED W. KRAISS — ADDRESS 139 NORTH POTO MAC

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NOV 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY WASHIGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL HAGERSTOWN
LENGTH OF STAY (in this place) 2 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS GATEWAY NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 1006 POTOMAC AVE

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) S. (Last) WILSON

4. DATE OF DEATH: (Month) NOV. (Day) 11 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 6/3/1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) RETIRED MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY: OWN BUS.

11. BIRTHPLACE (State or foreign country): NEW YORK

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: SAMUEL WILSON

14. MOTHER'S MAIDEN NAME: ELVIRA SEFFA

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: MR. ORVILLE WILSON HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 422.1

DUE TO arterio sclerotic myocardial heart disease

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO myocardial heart failure grade IV

(c)

Interval Between Onset And Death: 6yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July ..., 19 50 to Nov. 11, 19 53, that I last saw the deceased alive on Oct. 31, 19 53 and that death occurred at 2:10 A.M. from the causes and on the date stated above.

SIGNATURE (Person or Attending) DEPUTY MEDICAL EXAM WASH. CO. MD ADDRESS 115 N. Potomac St., Hagerstown, Md. DATE SIGNED 11-12-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11/14/53 NAME OF CEMETERY OR CREMATORY Fairview Cemetery LOCATION (City, town, or county) Ausable Forks Essex (State) N.Y.

DATE REC'D BY LOCAL REGISTRAR Nov. 14 1953 REGISTRAR'S SIGNATURE J. W. Murray Local

24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown, Md.

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

INLY, WITH UNFADING INK. Supply every item of information carefully. The correct ag
pecially important Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown OB
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown.
STREET ADDRESS (If rural, give location) 112 North Ave.

3. NAME OF DECEASED (Type or Print) (First) Benjamin (Middle) Lester (Last) Whitmore
4. DATE OF DEATH (Month) Nov. (Day) 17 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.
8. DATE OF BIRTH Nov 11, 1903
9. AGE last birthday 50 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fairchild Aircraft
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Martinsburg W.Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George F. Whitmore
14. MOTHER'S MAIDEN NAME Florence M. Fellers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 234-36-6507
17. INFORMANT AND ADDRESS George F. Whitmore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
976+ Immediate cause	(a) Gun shot Through mouth	72 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) into cranium	
	(c) (38. cal. Revolver)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Hagerstown, Md. (COUNTY) Fairchild Plant #3 (STATE)
TIME OF INJURY (Month) 11 (Day) 17 (Year) 53 (Hour) 5:00 p.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Shot self through mouth

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD, (Deputy Medical Exam.) DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS Hagerstown Md,
DATE SIGNED Nov. 17-53

23. CREMATION ROYAL (Specify) Burial
DATE THEREOF 11-19-1953
NAME OF CEMETERY OR CREMATORY Rose Dale Cemetery
LOCATION (City, town, or county) Martinsburg. W.Va. (State)
DATE REC'D BY LOCAL Nov. 18. 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown. Md

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ringgold rural
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ringgold Rd. -R2 Smithsburg, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New Jersey COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chatham
STREET ADDRESS (If rural, give location) 31 Fairview Ave

3. NAME OF DECEASED (Type or Print) (First) Dr. Theodore (Middle) L (Last) Wycall

4. DATE OF DEATH (Month) Nov. 26 (Day) (Year) 1953

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M.

8. DATE OF BIRTH April 9, 1909

9. AGE last birthday 44 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self employed

10b. KIND OF BUSINESS OR INDUSTRY Dentist

11. BIRTHPLACE (State or foreign country) Newark, N.J.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Julius L. Wycall

14. MOTHER'S MAIDEN NAME Jennie Kolberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Jospehine T. Wycall, Chatham, N. J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Crushed chest; hemorrhage & shock	15 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Co. Rd Near Ringgold (CITY OR TOWN) Wash. (COUNTY) Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 26'53 5:30 P.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Head-on auto collision

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE S. Robert Mells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS Hagerstown, Maryland DATE SIGNED 11.26.53

FINAL CREMATION (Specify) Burial

DATE THEREOF 11/30/53

NAME OF CEMETERY OR CREMATORY Fairmount

LOCATION (City, town, or county) Chatham (State) N. J.

DATE REC'D BY LOCAL REG. Nov 27

REGISTRAR'S SIGNATURE Geo. W Ferguson

24. FUNERAL DIRECTOR Arthur G Good ADDRESS Waynesboro Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Washington — MARYLAND
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown Md
   LENGTH OF STAY (in this place):
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Washington
   CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hancock Maryland
   STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) Ann (Last) Yost

4. DATE OF DEATH: (Month) 11. (Day) 18 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10.5.1890

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months 1, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Fulton County Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Robinette

14. MOTHER'S MAIDEN NAME: Jane Beaty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: John Yost Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary occlusion (embolus) — Interval Between Onset And Death: 10 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — years

DUE TO (c) with auricular fibrillation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Edema

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1953, to 11-18, 1953, that I last saw the deceased alive on 11-18, 1953, and that death occurred at 2:45 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert J Keedle MD — ADDRESS: Hagerstown — DATE SIGNED: 11-20-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 11.22.53 — NAME OF CEMETERY OR CREMATORY: Christian Cemetery — LOCATION (City, town, or county) (State): Buckvalley Fulton Penna.

DATE REC'D BY LOCAL REGISTRAR: Nov. 20, 1953 — REGISTRAR'S SIGNATURE: Chas H Hoover

24. FUNERAL DIRECTOR: Howard F. Stine — ADDRESS: Hancock Md

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11575

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH:

COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural 2 Hancock Md. X

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural 2 Hancock Md X

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Younker

4. DATE OF DEATH: (Month) 11 (Day) 13 (Year) 19 53

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 26.1855

9. AGE last birthday: 98 yrs. IF UNDER 1 YEAR Months 3 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Houeswife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Washington Maryland

12. CITIZEN OF WHAT COUNTRY? ULSLA?

13. FATHER'S NAME: ~~Not Known~~ Jacob Fink

14. MOTHER'S MAIDEN NAME: ~~Not Known~~ Eliza Fink.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Edward Younker Hancock R.F.D.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2 da

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteria Sclerosis

DUE TO

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1953, to Nov 13, 1953, that I last saw the deceased alive on Nov 12, 1953, and that death occurred at 1200 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) J M Shaffer MD ADDRESS Hancock Md. DATE SIGNED Nov 14 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11.15.53

NAME OF CEMETERY OR CREMATORY Stone Bridge Brethern

LOCATION (City, town, or county) (State) Hancock Washington Md

DATE REC'D BY LOCAL REGISTRAR 11-15-53

REGISTRAR'S SIGNATURE J A Keller

24. FUNERAL DIRECTOR Howard J Grove Hancock Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 Poplar St. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Funkstown X
STREET ADDRESS (If rural give location) 23 Poplar St.

3. NAME OF DECEASED: (Type or Print) (First) Stella (Middle) (N.M.I.) (Last) Zimmerman

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 53

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 26, 1878 ✓

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Halfway, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Monroe Zimmerman

14. MOTHER'S MAIDEN NAME: Leah Bitner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Miss Susan Zimmerman

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Cerebral hemorrhage.	2 months
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Hypertension and arteriosclerosis.	years
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Terminal bronchopneumonia	2 days

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-7-, 1953, to Nov. 2, 1953, that I last saw the deceased alive on Nov. 1, 1953, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Hagerstown, Maryland. DATE SIGNED Nov. 3, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov. 4, 1953

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 4 1953

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS C.M. Suter and Son. 305 N. Potomac St. Hagerstown, Md.

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